NOTICE

The undersigned employer has provided Workmen's Compensation Insurance in accordance with the requirements of law. In case of accidental injury or death to an employee, the injured employee, or someone acting in his behalf, must give IMMEDIATE notice to

212 WEST SEMINARY AVENUE, WHEATON, ILLINOIS
(ADDRESS)

Failure to give such immediate notice may be the cause of serious delay in the payment of compensation to the injured employee or his dependents and may result in failure to receive any compensation benefits whatever under the law.

(NAME)

(EMPLOYER)

SEPTEMBER 12, 1947 (DATED)

GROTE REBER

Form L394a 2M 1-32